

Patent Application Data Sheet

Application Information

Latin Name::

Variety denomination

| Application Type:: | Regular |
|--------------------------------|--|
| Subject Matter:: | Utility |
| Suggested | |
| Classification:: | |
| Suggested Group Art | |
| Unit:: | |
| CD-ROM or CD-R?:: | None |
| Number of CD disks:: | |
| Number of copies of CDs:: | |
| Sequence submission?:: | CD |
| Computer Readable | |
| Form (CRF)?:: | No |
| Number of copies of CRF:: | |
| Title:: | COAXIAL CABLE CONNECTOR WITH INTEGRAL GRIP |
| | BUSHING FOR CABLES OF VARYING THICKNESS |
| Attorney Docket Number:: | 129-038 |
| Request for Early | |
| Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | |
| Total Drawing Sheets:: | 1 |
| Small Entity?:: | Yes |

| name:: | |
|-----------------------------|--------------------|
| Petition included?:: | No |
| Petition Type:: | |
| Licensed US Govt. | |
| Agency:: | |
| | |
| Contract or Grant | |
| Numbers:: | |
| Secrecy Order in | |
| Parent Appl.?:: | No |
| | |
| Applicant Information | |
| | |
| Inventor Authority Type:: | Inventor |
| D: 0''' | |
| Primary Citizenship | |
| Country:: | United Kingdom |
| Status:: | Full Capacity |
| | |
| | |
| Given Name:: | Albert |
| Middle Name:: | |
| Family Name:: | STIRLING |
| Name Suffix:: | |
| City of Residence:: | Markham |
| State or Prov. Of | |
| Residence:: | Ontario |
| Country of Residence:: | Canada |
| Street of mailing address:: | 15 John Lyons Road |
| City of mailing address:: | Markham |

State or Province of

| mailing address:: | Ontario | | | | |
|------------------------|-------------------|----------------------------|------------------|--|--|
| Country of mailing add | dress:: Canada | Canada | | | |
| Postal or Zip Code of | · | | | | |
| mailing address:: | L3P 3H3 | L3P 3H3 | | | |
| · | | | | | |
| Correspondence Info | ormation | | | | |
| Correspondence Cust | tomer | | | | |
| Number:: | 001059 | 001059 | | | |
| Phone Number:: | 416-364-73 | 416-364-7311 | | | |
| | (Max. 3 tele | (Max. 3 telephone numbers) | | | |
| Fax Number:: | (416) 361- | (416) 361-1398 | | | |
| E-Mail Address:: | rstorey@be | rstorey@bereskinparr.com | | | |
| | | nail addresses) | | | |
| Representative Infor | mation | | | | |
| Representative | | | | | |
| Customer Number:: | | 001059 | | | |
| Domestic Priority Inf | formation | | | | |
| | | | | | |
| Application:: | Continuity Type:: | Parent | Parent Filing | | |
| | | Application:: | Date:: | | |
| | | | | | |
| Foreign Priority App | lications | | | | |
| Country:: | Application | Filing Date:: | Priority Claimed | | |
| | Numb r:: | | | | |
| | | | No | | |
| | · | | | | |